

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-429)							SERIAL NO. 667648		FILING DATE 9-22-00			
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.					NO.	DEF.
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48												
49	1											
50												
TOTAL							51					